

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 2				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-11-044			Contract Period 06/06/2011 To 06/05/2013 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name Action Plan Implementation				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW Task Area II.4-6, Task Area III.2a					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 07/18/2011 To 09/30/2011				
Comments: The purpose of this Work Assignment is to assist EPA in the development of the DMR Pollutant Loading Tool in accordance with the attached SOW. The estimated LOE for this task is 836 hours.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
06/06/2011 To 06/05/2013										
This Action:						0				
Total:						0				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Carey Johnston						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number 202-566-1014				
						FAX Number:				
Project Officer Name Willie Griffin						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-2077				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Cara Lynch						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-4734				
						FAX Number:				